# 1A. Continuum of Care (CoC) Identification

**Instructions:**

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time.  If the information on this screen is not correct, contact the e-snaps help desk.

**CoC Name and Number (From CoC Registration):**  MN-500 - Minneapolis/Hennepin County CoC

**CoC Lead Organization Name:**  Heading Home Hennepin Executive Committee

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# 1B. Continuum of Care (CoC) Primary Decision-Making Group

### Instructions:

The following questions are related to the CoC primary decision-making group.  The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.
This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

**Name of primary decision-making group:** Heading Home Hennepin Executive Committee

**Indicate the frequency of group meetings:** Quarterly

**If less than bi-monthly, please explain (limit 500 characters):**

The role of the Executive Committee is to provide overall policy direction and oversight for implementing the goals of the Heading Home Hennepin 10-year Plan to End Homelessness. It's the role of the Housing Committee and the COC subcommittee to set agendas for COC meetings, COC project evaluation, implement priorities in the plan to end homelessness, rank COC projects for funding and approve submission of the COC application.

**Indicate the legal status of the group:** Not a legally recognized organization

**Specify "other" legal status:**

**Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)** 42%

**\* Indicate the selection process of group members: (select all that apply)**

| | |
|---|---|
| **Elected:** | |
| **Assigned:** | X |
| **Volunteer:** | X |

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| | |
|---|---|
| **Appointed:** | X |
| **Other:** | |

**Specify "other" process(es):**

**Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):**

Public sector representatives to Executive Committee and its subcomittees are appointed by their respective agengies. Private sector representatives were selected through a communitywide solicitation of volunteers to ensure appropriate representation from various stakeholder groups. Members of all committees participated in the community-based process leading to the development of the plan to end homelesseness.

**\* Indicate the selection process of group leaders:**
**(select all that apply):**

| | |
|---|---|
| **Elected:** | |
| **Assigned:** | X |
| **Volunteer:** | X |
| **Appointed:** | X |
| **Other:** | |

**Specify "other" process(es):**

**If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):**

Yes,provisionally. The Heading Home Hennepin Executive Committee, the primary decision-making body, could designate the City of Minneapolis, Hennepin County or a non-profit organization to serve as the grantee. This would only be feasible if  administrative funds were provided for this purpose without reducing competitive homeless assistance dollars.

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# 1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

### Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

## Committees and Frequency

| Name of Group | Role of Group (limit 750 characters) | Meeting Frequency |
|---|---|---|
| HHH- Housing Committee | Committee includes cross section of community partners to facilitate implementation of the housing opportunity goals in the 1-year plan to end homelessness. Among other things, the role of the committee includes direct involvement in COC-wide planning activities, COC project review and selection, discharge planning, completion Exb. 1 application, PIT count, and conducting ongoing evaluation of COC renewal grantee outcomes. Four other subcommittees work specifically on housing goals for families, single adults, youth. Work of the committee & subcommittees is ongoing. | Monthly or more |
| HHH- Prevention Committee | Primary role is to implement the homeless prevention recommendations in the 10-year Plan including; expand the County's successful Family Homeless Prevention Assistance Program for single adults, families with children and youth. develop and implement a zero tolerance policy for discharging people form public systems in homelessness by coordinating access to housing & services. | Monthly or more |
| HHH- Outreach Committee | Primary role is to implement outreach goals in the 10-year Plan including; develop a 24/7, coordinated system of outreach to persons on the streets; increase medical outreach and access to primary care and mental health services and; increase number of youth outreach workers to suburban-area schools. | Monthly or more |
| HHH- Services Delivery Committee | Primary role is to implement service delivery and self-support goals in the 10-year Plan including; create daytime "opportunity centers" where people can connect with multiple services in one location ; increase access to chemical dependency assessments and treatment for youth, singles and parents with children. | Monthly or more |
| HHH- Finance Committee | Primary role is to coodinate available federal, state, local and private financial resources to implement financing plan in the 10-year Plan for prevention, outreach, housing & support services, and service delivery & self-support. | Monthly or more |

### If any group meets less than quarterly, please explain (limit 750 characters):

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# 1D. Continuum of Care (CoC) Member Organizations

**Identify all CoC member organizations or individuals directly involved in the CoC planning process.  To add an organization or individual, click on the  icon.**

| Organization Name | Membership Type | Organization Type | Organization Role | Subpopulations |
|---|---|---|---|---|
| Department of Human  Services | Public Sector | State g... | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| Minnesota Housing | Public Sector | State g... | Attend 10-year planning meetings during past 12 months, C... | Domestic Vio... |
| MN Department of Corrections | Public Sector | State g... | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| Hennepin County Human Services and Public Healt... | Public Sector | Local g... | Lead agency for 10-year plan, Attend 10-year planning mee... | Seriously Me... |
| Housing Community Works & Transit | Public Sector | Local g... | Attend 10-year planning meetings during past 12 months, C... | NONE |
| City of Minneapolis Community Planning and Econ... | Public Sector | Local g... | Lead agency for 10-year plan, Attend 10-year planning mee... | NONE |
| City of Plymouth | Public Sector | Local g... | Attend Consolidated Plan planning meetings during past 12... | NONE |
| City of Bloomington | Public Sector | Local g... | Attend Consolidated Plan planning meetings during past 12... | NONE |
| City of Eden Prairie | Public Sector | Local g... | Attend Consolidated Plan planning meetings during past 12... | NONE |
| City of Minnetonka | Public Sector | Local g... | Attend Consolidated Plan planning meetings during past 12... | NONE |
| Hennepin County Child & Teen Check Ups | Public Sector | Local g... | Attend 10-year planning meetings during past 12 months, C... | Youth |
| Hennepin County Child Support | Public Sector | Local g... | Attend 10-year planning meetings during past 12 months, C... | Youth |
| Hennepin County Shelter Team | Public Sector | Local g... | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| Hennepin County Eligibility Supports | Public Sector | Local g... | Attend 10-year planning meetings during past 12 months | NONE |
| Minneapolis Public Housing Authority | Public Sector | Public ... | Lead agency for 10-year plan, Attend 10-year planning mee... | Seriously Me... |
| Metropolitan Council | Public Sector | Public ... | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| St. Louis Park HA | Public Sector | Public ... | Attend Consolidated Plan planning meetings during past 12... | Seriously Me... |
| Plymouth HA | Public Sector | Public ... | Attend Consolidated Plan planning meetings during past 12... | Seriously Me... |

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|---|---|---|---|---|
| Bloomington HA | Public Sector | Public ... | Attend Consolidated Plan planning meetings during past 12... | Seriousl y Me... |
| Minneapolis Public Schools | Public Sector | School ... | Attend Consolidated Plan planning meetings during past 12... | Youth |
| University of MN | Public Sector | School ... | Primary Decision Making Group, Attend Consolidated Plan p... | NONE |
| Minneapolis Community and Technical College | Public Sector | School ... | Attend Consolidated Plan planning meetings during past 12... | NONE |
| Minneapolis Adult Basic Education | Public Sector | School ... | Attend Consolidated Plan focus groups/public forums durin... | NONE |
| Minneapolis Police Department | Public Sector | Law enf... | Lead agency for 10-year plan, Attend 10-year planning mee... | Seriousl y Me... |
| Fourth Judicial District COurt | Public Sector | Law enf... | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |
| Hennepin County Community Corrections | Public Sector | Law enf... | Lead agency for 10-year plan, Committee/Sub-committee/Wor... | NONE |
| Cooking for Hire | Public Sector | Local w... | None | NONE |
| Employment Action Center | Public Sector | Local w... | Attend 10-year planning meetings during past 12 months | NONE |
| GoodWill Easter Seals | Public Sector | Local w... | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Minneapolis Employment and Training | Public Sector | Local w... | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Minneapolis Public Libraary | Public Sector | Other | None | Youth |
| Freeport West | Private Sector | Non-pro.. . | Attend 10-year planning meetings during past 12 months, C... | Youth |
| Family Housing Fund | Private Sector | Non-pro.. . | Lead agency for 10-year plan, Attend 10-year planning mee... | NONE |
| Cornerstone Advocacy Services | Private Sector | Non-pro.. . | Attend 10-year planning meetings during past 12 months, C... | Domestic Vio... |
| Minnesota AIDS Project | Private Sector | Non-pro.. . | Attend 10-year planning meetings during past 12 months, C... | HIV/AIDS |
| Resources Inc. - Spectrum Housing | Private Sector | Non-pro.. . | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |
| Life's Missing Link | Private Sector | Non-pro.. . | Committee/Sub-committee/Work Group, Attend Consolidated P... | Youth |
| Community Invovlement Program | Private Sector | Non-pro.. . | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |

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|---|---|---|---|---|
| Tubman Family Alliance | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Attend Consolidated P... | Domestic Vio... |
| Northwest Hennepin Human Services Council | Private Sector | Non-pro.. | Attend 10-year planning meetings during past 12 months, C... | Youth |
| Hearth Connection | Private Sector | Non-pro.. | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |
| Vail Place | Private Sector | Non-pro.. | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |
| Alliance Housing | Private Sector | Non-pro.. | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |
| Bridge for Runaway Youth | Private Sector | Non-pro.. | Attend 10-year planning meetings during past 12 months, C... | Youth |
| Cabrini Partnership | Private Sector | Non-pro.. | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |
| Community Action Partheship Suburban Hennepin | Private Sector | Non-pro.. | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Community Emergency Assistance Programs | Private Sector | Non-pro.. | Attend Consolidated Plan focus groups/public forums durin... | NONE |
| Community Emergency Services | Private Sector | Non-pro.. | Attend Consolidated Plan focus groups/public forums durin... | NONE |
| African-American Family Services | Private Sector | Non-pro.. | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Access Works | Private Sector | Non-pro.. | Attend Consolidated Plan focus groups/public forums durin... | Substan ce Abuse |
| American Indian CDC | Private Sector | Non-pro.. | Attend 10-year planning meetings during past 12 months, C... | Substan ce Abuse |
| Ascension Place | Private Sector | Non-pro.. | Attend Consolidated Plan focus groups/public forums durin... | Seriousl y Me... |
| Dignity Center | Private Sector | Faith -b... | Attend 10-year planning meetings during past 12 months, C... | NONE |
| District 202 | Private Sector | Non-pro.. | Attend Consolidated Plan focus groups/public forums durin... | Youth |
| Youth Link | Private Sector | Non-pro.. | Attend 10-year planning meetings during past 12 months, C... | Youth |
| Genesis II | Private Sector | Non-pro.. | Attend Consolidated Plan focus groups/public forums durin... | Youth, Domes.. |

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| Housing Link | Private Sector | Non-pro.. | Attend 10-year planning meetings during past 12 months, C... | NONE |
|---|---|---|---|---|
| North Point Health & Wellness Center | Public Sector | Local g... | Attend Consolidated Plan focus groups/public forums durin... | NONE |
| People Serving People | Private Sector | Non-pro.. | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Rape and Sexual Abuse Center / NIP | Private Sector | Non-pro.. | None | Domestic Vio... |
| Tasks Unlimited | Private Sector | Non-pro.. | Attend Consolidated Plan focus groups/public forums durin... | Seriously Me... |
| Way to Grow | Private Sector | Non-pro.. | Attend Consolidated Plan focus groups/public forums durin... | Youth |
| StreetWorks | Private Sector | Non-pro.. | Attend 10-year planning meetings during past 12 months, C... | Youth |
| Division of Indian Works | Private Sector | Non-pro.. | Attend 10-year planning meetings during past 12 months, C... | Youth |
| Barbara Schneider Foundation | Private Sector | Non-pro.. | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| RS Eden | Private Sector | Non-pro.. | Attend 10-year planning meetings during past 12 months, C... | Substance Abuse |
| People Inc. | Private Sector | Non-pro.. | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| Turning Point | Private Sector | Non-pro.. | Attend Consolidated Plan focus groups/public forums durin... | Substance Abuse |
| Women of Nations | Private Sector | Non-pro.. | Attend Consolidated Plan focus groups/public forums durin... | Domestic Vio... |
| Walk-In Counseling Center | Private Sector | Non-pro.. | Attend 10-year planning meetings during past 12 months | Seriously Me... |
| Resource Inc., Spectrum Mental Health | Private Sector | Non-pro.. | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| Families Moving Forward | Private Sector | Non-pro.. | Attend 10-year planning meetings during past 12 months, C... | Domestic Vio... |
| Avenues for Youth | Private Sector | Non-pro.. | Attend 10-year planning meetings during past 12 months, C... | Youth |
| HIRED | Private Sector | Non-pro.. | Attend Consolidated Plan focus groups/public forums durin... | Seriously Me... |

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| Minnesota Assistance Council for Veterans | Private Sector | Non-pro... | Attend 10-year planning meetings during past 12 months, C... | Veterans |
|---|---|---|---|---|
| Minnesota Indian Women's Resource Center | Private Sector | Non-pro... | Attend Consolidated Plan focus groups/public forums durin... | Domestic Vio... |
| Basilica of St. Mary | Private Sector | Faith-b... | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Catholic Charities | Private Sector | Faith-b... | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| Lutheran Social Services | Private Sector | Faith-b... | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| Metropolitan Interfaith Coalition for Affordabl... | Private Sector | Faith-b... | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| St. Stephen's Housing | Private Sector | Faith-b... | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| Simpson Housing Services | Private Sector | Faith-b... | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| Episcopal Community Services | Private Sector | Faith-b... | Attend Consolidated Plan focus groups/public forums durin... | Youth, Subst... |
| Plymouth Church Neighborhood Foundation | Private Sector | Faith-b... | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| Plymouth Congregational Church | Private Sector | Faith-b... | Lead agency for 10-year plan, Attend 10-year planning mee... | NONE |
| Our Savior's Housing | Private Sector | Faith-b... | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| Salvation Army | Private Sector | Faith-b... | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| American Red Cross | Private Sector | Faith-b... | Attend Consolidated Plan focus groups/public forums durin... | NONE |
| Central Lutheran Church Drop-in Center | Private Sector | Faith-b... | Attend Consolidated Plan focus groups/public forums durin... | NONE |
| Christians Reaching Out in Social Services (CROSS) | Private Sector | Faith-b... | Attend Consolidated Plan focus groups/public forums durin... | NONE |
| Colonial Church | Private Sector | Faith-b... | Attend Consolidated Plan focus groups/public forums durin... | NONE |
| Council on Crime & Justice | Private Sector | Funder... | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Brain Injury Association | Private Sector | Funder... | Attend 10-year planning meetings during past 12 months, C... | Domestic Vio... |
| Corporation for Supportive Housing | Private Sector | Funder... | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Metropolitan Engagement on Shelter and Housing | Private Sector | Funder... | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |

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| Shelter Providers Action Association | Private Sector | Fun der ... | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |
| Family Homeless Prevention and Assistance Progr... | Private Sector | Fun der ... | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |
| Local Initiatives Support Corp. | Private Sector | Fun der ... | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |
| MN Coalition for the Homeless | Private Sector | Fun der ... | Attend 10-year planning meetings during past 12 months, C... | Veteran s, Se... |
| Legal Aid Society of Minneapolis | Private Sector | Fun der ... | Attend 10-year planning meetings during past 12 months, C... | Veteran s, Su... |
| Central Minnesota Legal Services | Private Sector | Fun der ... | Attend Consolidated Plan focus groups/public forums durin... | Seriousl y Me... |
| Disability Law Center | Private Sector | Fun der ... | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |
| Faegre & Benson LLP | Private Sector | Fun der ... | Attend Consolidated Plan focus groups/public forums durin... | NONE |
| US Dept of HUD (Mpls Office) | Private Sector | Fun der ... | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Minnesota Literacy Council | Private Sector | Fun der ... | Attend Consolidated Plan focus groups/public forums durin... | NONE |
| Target Corporation | Private Sector | Busi ness es | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Minnesota Jaycees | Private Sector | Busi ness es | Attend Consolidated Plan focus groups/public forums durin... | NONE |
| Duffy Development | Private Sector | Busi ness es | Attend Consolidated Plan focus groups/public forums durin... | NONE |
| Aeon (formerly CCHT) | Private Sector | Busi ness es | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |
| United Way of the Greater Twin Cities | Private Sector | Busi ness es | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Minneapolis Downtown Council | Private Sector | Busi ness es | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Greater Metropolitan Housing Corp. | Private Sector | Non- pro.. . | Attend Consolidated Plan focus groups/public forums durin... | NONE |

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| Fannie Mae | Private Sector | Fun der ... | Attend Consolidated Plan focus groups/public forums durin... | NONE |
| Hennepin County Medical Center | Public Sector | Loca l g... | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |
| MN Nurses Association | Private Sector | Hos pita.. . | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |
| Regions Hospital | Private Sector | Hos pita.. . | Attend Consolidated Plan focus groups/public forums durin... | Seriousl y Me... |
| North Memorial Hospital | Private Sector | Hos pita.. . | Attend 10-year planning meetings during past 12 months | Seriousl y Me... |
| St. Joseph's Hospital | Private Sector | Hos pita.. . | Attend Consolidated Plan focus groups/public forums durin... | Seriousl y Me... |
| Hennepin County Healthcare for the Homeless Pro... | Public Sector | Loca l g... | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |
| Augsburg Nursing School | Private Sector | Hos pita.. . | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Fairview Riverside Hospital | Private Sector | Hos pita.. . | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |
| U of MN Medical School | Private Sector | Hos pita.. . | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |
| Phillips Community Clinic | Private Sector | Hos pita.. . | Attend Consolidated Plan focus groups/public forums durin... | Seriousl y Me... |
| Healthcare for the Homeless Veterans Program | Private Sector | Hos pita.. . | Attend 10-year planning meetings during past 12 months, C... | Veteran s |
| Hennepin County Street Case Management Project | Private Sector | Hos pita.. . | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |
| Minnesota Managed Care Association | Private Sector | Hos pita.. . | None | Seriousl y Me... |
| Hennepin County Community Outreach for Psychiat... | Private Sector | Hos pita.. . | Attend 10-year planning meetings during past 12 months | Seriousl y Me... |
| Hennepin County Mental Health Center | Private Sector | Hos pita.. . | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |
| Hennepin County Behavioral Health Mental Health... | Private Sector | Hos pita.. . | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |
| Red Door Clinic | Private Sector | Hos pita.. . | None | Substan ce Ab... |

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| Homeless Against Homelessness | Individual | Hom eles. .. | Attend Consolidated Plan planning meetings during past 12... | NONE |
| Guy Gambill | Individual | Hom eles. .. | Attend 10-year planning meetings during past 12 months, C... | Veteran s |
| Dale D. | Individual | Hom eles. .. | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Debbie | Individual | Hom eles. .. | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Richard Amos | Individual | Hom eles. .. | Attend 10-year planning meetings during past 12 months, C... | Substan ce Abuse |
| Terry | Individual | Hom eles. .. | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Wade | Individual | Hom eles. .. | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Homeless Individual | Individual | Hom eles. .. | Committee/Sub-committee/Work Group | Seriousl y Me... |
| Homeless Individual | Individual | Hom eles. .. | Committee/Sub-committee/Work Group | Seriousl y Me... |
| Alliance of the Streets | Private Sector | Othe r | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |
| Central Lutheran Church Drop-in Center | Private Sector | Faith -b... | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Elim Transitional Housing, Inc. | Private Sector | Othe r | Attend 10-year planning meetings during past 12 months, C... | Domesti c Vio... |
| Face to Face Health and Counseling Service - Sa... | Private Sector | Non- pro.. . | None | NONE |
| First Call for Help -211 | Private Sector | Non- pro.. . | None | NONE |
| Freeport West, Inc. | Private Sector | Non- pro.. . | Attend 10-year planning meetings during past 12 months, C... | Youth |
| HCMC Acute Psychiatric Services | Private Sector | Hos pita.. . | None | Seriousl y Me... |
| Health Care for the Homeless | Private Sector | Non- pro.. . | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |
| Hennepin County - COPE | Public Sector | Loca l g... | Committee/Sub-committee/Work Group | Seriousl y Me... |
| Hennepin County Project Connect | Public Sector | Loca l g... | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |

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| Home Free | Private Sector | Non-pro... | Committee/Sub-committee/Work Group | Domestic Vio... |
| Home Line | Private Sector | Other | Attend 10-year planning meetings during past 12 months, C... | NONE |
| HOPE Ministries | Private Sector | Faith-b... | Committee/Sub-committee/Work Group | NONE |
| Homeless and Refugee Children, Inc. | Private Sector | Non-pro... | Attend Consolidated Plan focus groups/public forums durin... | Substance Abuse |
| Hopkins Area Family Resource Center | Private Sector | Non-pro... | Attend Consolidated Plan focus groups/public forums durin... | NONE |
| Indigenous Peoples Task Force | Private Sector | Non-pro... | Committee/Sub-committee/Work Group | Substance Ab... |
| Intercongregation Communities Association (ICA) | Private Sector | Faith-b... | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Interfaith Outreach and Community Partners (IOCP) | Private Sector | Faith-b... | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Jewish Family and Children's Services (JFCS) | Private Sector | Faith-b... | Attend 10-year planning meetings during past 12 months | NONE |
| KOLA - Street Outreach Project | Private Sector | Non-pro... | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| Legal Aid Society of Minnesota | Private Sector | Non-pro... | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Living Works Venture | Private Sector | Non-pro... | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| Love Lines Crisis Center, Inc. | Private Sector | Faith-b... | Attend 10-year planning meetings during past 12 months | NONE |
| Mental Health Resources, Inc. | Private Sector | Non-pro... | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| Minneapolis Department of Health and Family Sup... | Public Sector | Local g... | Attend Consolidated Plan planning meetings during past 12... | NONE |
| Minnesota Housing Partnership | Private Sector | Non-pro... | Attend Consolidated Plan planning meetings during past 12... | NONE |
| MN Tenants Union | Private Sector | Non-pro... | Attend Consolidated Plan focus groups/public forums durin... | NONE |
| MN Veterans Home Board | Private Sector | Non-pro... | Attend 10-year planning meetings during past 12 months, C... | Veterans |
| North Suburban Emergency Assistance Response (N... | Private Sector | Non-pro... | Attend Consolidated Plan focus groups/public forums durin... | NONE |

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|---|---|---|---|---|
| Northside Residents Redevelopment Council | Private Sector | Non-pro... | Attend Consolidated Plan planning meetings during past 12... | NONE |
| Parents in Community Action, Inc. | Private Sector | Non-pro... | Attend Consolidated Plan focus groups/public forums durin... | NONE |
| PATH/Access | Private Sector | Non-pro... | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| PATH/Hennepin County Mental Health Center | Private Sector | Hospita... | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| Peace House Community | Private Sector | Non-pro... | Attend 10-year planning meetings during past 12 months | NONE |
| People Reaching Out to Other People (PROP) | Private Sector | Non-pro... | Attend 10-year planning meetings during past 12 months, C... | NONE |
| People Responding in Social Ministry (PRISM) | Private Sector | Faith-b... | Attend 10-year planning meetings during past 12 months, A... | NONE |
| Person to Person | Private Sector | Non-pro... | Attend Consolidated Plan planning meetings during past 12... | NONE |
| Perspectives, Inc. | Private Sector | Non-pro... | Attend 10-year planning meetings during past 12 months, C... | Domestic Vio... |
| Emerge Communities | Private Sector | Non-pro... | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| Plymouth Church Neighborhood Foundation | Private Sector | Faith-b... | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| Project 504 | Private Sector | Non-pro... | Attend 10-year planning meetings during past 12 months, A... | NONE |
| Project for Pride in Living | Private Sector | Non-pro... | Attend Consolidated Plan planning meetings during past 12... | Seriously Me... |
| Red Door Clinic - Youth Intervention Project | Private Sector | Hospita... | Attend Consolidated Plan focus groups/public forums durin... | Youth |
| Reuben Lindh | Private Sector | Non-pro... | Attend 10-year planning meetings during past 12 months, C... | Youth, Domes... |
| Sharing and Caring Hands | Private Sector | Faith-b... | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| Sojourner Project for Battered Women | Private Sector | Non-pro... | Attend 10-year planning meetings during past 12 months, A... | Domestic Vio... |
| Southeast Asian Community Council | Private Sector | Non-pro... | Attend Consolidated Plan focus groups/public forums durin... | NONE |

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| | | | | |
|---|---|---|---|---|
| St. Louis Park Emergency Program (STEP) | Public Sector | Loca l g... | Attend Consolidated Plan focus groups/public forums durin... | NONE |
| Teens Alone | Private Sector | Non-pro.. . | Attend 10-year planning meetings during past 12 months, C... | Youth |
| The Bridge for Runaway Youth Inc. | Private Sector | Non-pro.. . | Attend 10-year planning meetings during past 12 months, C... | Youth |
| Twin Cities Habitat for Humanity | Private Sector | Faith -b... | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Twin Cities United Way | Private Sector | Non-pro.. . | Attend Consolidated Plan planning meetings during past 12... | NONE |
| U.S. Department of Veterans Affair Health Care ... | Public Sector | Othe r | Attend 10-year planning meetings during past 12 months | Veteran s |
| Volunteers Enlisted to Assist People (VEAP) | Private Sector | Non-pro.. . | Attend Consolidated Plan focus groups/public forums durin... | NONE |
| Western Community Action Network (WeCAN) | Private Sector | Non-pro.. . | Attend 10-year planning meetings during past 12 months, C... | NONE |
| YMCA - POINT Northwest | Private Sector | Non-pro.. . | Attend 10-year planning meetings during past 12 months, C... | Youth |
| Zion Originated Outreach Ministry | Private Sector | Faith -b... | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |
| Mn Director for Ending Long-Term Homelessness | Public Sector | Stat e g... | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Hennepin County Office to End Homelessness | Public Sector | Loca l g... | Primary Decision Making Group, Attend Consolidated Plan p... | NONE |

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|---|---|---|

# 1E. Continuum of Care (CoC) Project Review and Selection Process

**Instructions:**

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

**Open Solicitation Methods:**
**(select all that apply)**
f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership

**Rating and Performance Assessment Measure(s):**
**(select all that apply)**
b. Review CoC Monitoring Findings, g. Site Visit(s), k. Assess Cost Effectiveness, c. Review HUD Monitoring Findings, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

**Voting/Decision-Making Method(s):**
**(select all that apply)**
a. Unbiased Panel/Review Commitee, e. Consensus (general agreement), b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

**Were there any written complaints received by the CoC regarding any matter in the last 12 months?**
No

**If yes, briefly describe complaint and how it was resolved (limit 750 characters):**

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# 1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

**For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.**

**Emergency Shelter:** Yes

**Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):**

Total year-round shelter beds increased by 40 beds. From 1910 in 2008 to 1950 in 2009. The increase can be attributed to revised data on beds, not to new production.

**Safe Haven:** No

**Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):**

**Transitional Housing:** Yes

**Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):**

The number of transitional housing beds increased by 54 beds. From 1,171 in 2008 to 1,225 in 2009. The increase can be attributed to revised data on beds, not to new production.

**Permanent Housing:** Yes

**Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):**

Federal, state, local and private funds were used to create 82 new beds designated for chronically homeless persons, bringing the total number of beds to 560.

**CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding:** Yes

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# 1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

**Instructions:**

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

| Document Type | Required? | Document Description | Date Attached |
|---|---|---|---|
| Housing Inventory Chart | Yes | eHIC MN-500 Henne... | 11/24/2009 |

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# Attachment Details

**Document Description:**  eHIC MN-500 Hennepin County/Minneapolis COC

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# 1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

**Instructions:**

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

**Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)**

01/28/2009

**Indicate the type of data or methods used to complete the housing inventory count: (select all that apply)**

HMIS plus housing inventory survey

**Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply)**

Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS

**Must specify other:**

**Indicate the type of data or method(s) used to determine unmet need: (select all that apply)**

HMIS data, Other, Local studies or non-HMIS data sources, Housing inventory, Provider opinion through discussion or survey forms

**Specify "other" data types:**

Sheltered Count

**If more than one method was selected, describe how these methods were used together (limit 750 characters):**

An on-line survey was sent to all emergency shelter, transitional housing and permanent supportive housing providers the last week of January, 2009. Providers were asked to provide a count of households and persons by population and subpopulation, housing units and beds, and to confirm if they were year-round, seasonal and/or overflow beds. In addition, Wilder Research provided updated data on HMIS participation and bed coverage. Any discrepancies between the survey and HMIS were resolved through direct follow-up with the provider and/or Wilder Research.

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# 2A. Homeless Management Information System (HMIS) Implementation

**Intructions:**

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select the HMIS implementation type:** Statewide

**Select the CoC(s) covered by the HMIS: (select all that apply)** MN-501 - Saint Paul/Ramsey County CoC, MN-510 - Scott, Carver Counties CoC, MN-505 - St. Cloud/Central Minnesota CoC, MN-508 - Moorhead/West Central Minnesota CoC, MN-511 - Southwest Minnesota CoC, MN-500 - Minneapolis/Hennepin County CoC, MN-504 - Northeast Minnesota CoC, MN-512 - Washington County CoC, MN-506 - Northwest Minnesota CoC, MN-503 - Dakota County CoC, MN-507 - Coon Rapids/Anoka County CoC, MN-502 - Rochester/Southeast Minnesota CoC, MN-509 - Duluth/Saint Louis County CoC

**Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?** No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

**Is the HMIS Lead Organization the same as CoC Lead Organization?** No

**Has the CoC selected an HMIS software product?** Yes

**If "No" select reason:**

**If "Yes" list the name of the product:** Service Point

**What is the name of the HMIS software company?** Bowman Systems

**Does the CoC plan to change HMIS software within the next 18 months?** No

**Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)** 02/01/2004

**Is this an actual or anticipated HMIS data entry start date?** Actual Data Entry Start Date

**Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):** Inability to integrate data from providers with legacy data systems, Other, No or low participation by non-HUD funded providers, Inadequate resources, HMIS unable to generate CoC- wide data or reports

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**If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).**

**If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).**

We are working on several fronts to address these barriers. State agencies continue to review their requirements for possible efficiencies and have recently reduced reporting requirements for several of their programs.  To address data quality and system usability issues, HMIS program staff have begun to use Abt's "bed utilization tool," and have begun to provide webinar trainings. These efforts will continue over the coming year.  Finally, we have opened another avenue for HMIS participation for non-mandated agencies by developing an XML data import schema, which is now in use by one major non-mandated provider. The ability to  further expand bed coverage is severely limited by inadequate resources for HMIS. Currently many organizations and funding sources are facing cut-backs in Minnesota. Despite this reality, the COC continues to ecnourage participation of non-mandated providers by emphasizing the importance of their participation to obtaining homeless assistance dollars.

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# 2B. Homeless Management Information System (HMIS) Lead Organization

**Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.**

| | |
|---:|:---|
| **Organization Name** | Amherst H. Wilder Foundation |
| **Street Address 1** | 451 Lexington Parkway North |
| **Street Address 2** | |
| **City** | St. Paul |
| **State** | Minnesota |
| **Zip Code**<br>**Format: xxxxx or xxxxx-xxxx** | 55104 |
| **Organization Type** | Non-Profit |
| **If "Other" please specify** | |
| **Is this organization the HMIS Lead Agency in more than one CoC?** | Yes |

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# 2C. Homeless Management Information System (HMIS) Contact Person

**Enter the name and contact information for the primary contact person at the HMIS Lead Agency.**

|  |  |
|---:|:---|
| **Prefix:** | Dr. |
| **First Name** | Craig |
| **Middle Name/Initial** | |
| **Last Name** | Helmstetter |
| **Suffix** | |
| **Telephone Number:**<br>**(Format: 123-456-7890)** | 651-280-2700 |
| **Extension** | |
| **Fax Number:**<br>**(Format: 123-456-7890)** | 651-280-3700 |
| **E-mail Address:** | cdh@wilder.org |
| **Confirm E-mail Address:** | cdh@wilder.org |

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# 2D. Homeless Management Information System (HMIS) Bed Coverage

**Instructions:**

HMIS bed coverage measures the level of participation in a CoC¿s HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

 HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

  The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

**Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.**

| | |
|---|---|
| * Emergency Shelter (ES) Beds | 65-75% |
| * Safe Haven (SH) Beds | No beds in CoC |
| * Transitional Housing (TH) Beds | 76-85% |
| * Permanent Housing (PH) Beds | 65-75% |

**How often does the CoC review or assess its HMIS bed coverage?**   Annually

**If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:**

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|---|---|---|

# 2E. Homeless Management Information System (HMIS) Data Quality

**Instructions:**

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.**

| Universal Data Element | Records with no values (%) | Records where value is refused or unknown (%) |
|---|---|---|
| *  Social Security Number | 2% | 29% |
| * Date of Birth | 0% | 0% |
| * Ethnicity | 1% | 0% |
| * Race | 0% | 0% |
| * Gender | 0% | 0% |
| * Veteran Status | 3% | 3% |
| * Disabling Condition | 4% | 3% |
| * Residence Prior to Program Entry | 4% | 0% |
| * Zip Code of Last Permanent Address | 11% | 37% |
| * Name | 0% | 7% |

**Instructions:**

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008.  Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories¿i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM)¿to be eligible to participate in AHAR 4.

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**Did the CoC or subset of CoC participate in AHAR 4?** Yes

**Did the CoC or subset of CoC participate in AHAR 5?** Yes

**How frequently does the CoC review the quality of client level data?** Quarterly

**How frequently does the CoC review the quality of program level data?** Quarterly

**Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):**

Since Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness, much of the data in the system are reviewed closely by state-funded agencies during quarterly and annual reporting periods. The COC Coordinator and State funders follow up with agencies whose reports show poor data quality. Additionally, the HMIS Lead Organization (Wilder) staffs an HMIS help desk during business hours. Wilder uses Abt Associates' "bed utilization tool" to help find inaccurate data entry and has worked with several agencies to clean up data that appears to be of low quality.

**Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):**

To date nearly all participation in Minnesota's HMIS is due to funding requirements; Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness. Proper entry and exit dates (or service start and end dates for the programs that do not require formal program entries and exits) are, therefore, ensured by the need for participating agencies to have accurate data in their required reporting. A lack of proper entry and exit dates remains a problem for some participating agencies. To address this issue Wilder is using Abt Associates' "bed utilization tool" to help find inaccurate data entry and is working with several agencies to clean up bad program entry and exit data.

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# 2F. Homeless Management Information System (HMIS) Data Usage

**Instructions:**

HMIS can be used for a variety of activities.  These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts¿Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
-  Use of HMIS for performance measurement¿Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management¿Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system¿Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

**Indicate the frequency in which each of the following activities is completed:**

| | |
|---|---|
| **Data integration/data warehousing to generate unduplicated counts:** | Quarterly |
| **Use of HMIS for point-in-time count of sheltered persons:** | Semi-annually |
| **Use of HMIS for point-in-time count of unsheltered persons:** | Never |
| **Use of HMIS for performance assessment:** | Quarterly |
| **Use of HMIS for program management:** | Quarterly |
| **Integration of HMIS data with mainstream system:** | Never |

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# 2G. Homeless Management Information System (HMIS) Data and Technical Standards

### Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
-  Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

### Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:

| | |
|---|---|
| * Unique user name and password | Annually |
| * Secure location for equipment | Annually |
| * Locking screen savers | Annually |
| * Virus protection with auto update | Annually |
| * Individual or network firewalls | Annually |
| * Restrictions on access to HMIS via public forums | Annually |
| * Compliance with HMIS Policy and Procedures manual | Annually |
| * Validation of off-site storage of HMIS data | Annually |

**How often does the CoC assess compliance with HMIS Data and Technical Standards?** Annually

**How often does the CoC aggregate data to a central location (HMIS database or analytical database)?** Quarterly

**Does the CoC have an HMIS Policy and Procedures manual?** Yes

**If 'Yes' indicate date of last review or update by CoC:** 01/16/2009

**If 'No' indicate when development of manual will be completed (mm/dd/yyyy):**

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|---|---|---|

# 2H. Homeless Management Information System (HMIS) Training

## Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS.  In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:
- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients¿ PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
-  HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

### Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

| | |
|---|---|
| **Privacy/Ethics training** | Monthly |
| **Data Security training** | Monthly |
| **Data Quality training** | Monthly |
| **Using HMIS data locally** | Annually |
| **Using HMIS data for assessing program performance** | Quarterly |
| **Basic computer skills training** | Monthly |
| **HMIS software training** | Monthly |

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|---|---|---|

# 2I. Continuum of Care (CoC) Point-in-Time Homeless Population

### Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

**Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/28/2009

**For each homeless population category, the number of households must be less than or equal to the number of persons.**

| Households with Dependent Children | | | | |
|---|---|---|---|---|
| | **Sheltered** | | **Unsheltered** | **Total** |
| | **Emergency** | **Transitional** | | |
| **Number of Households** | 267 | 219 | 9 | 495 |
| **Number of Persons (adults and children)** | 965 | 734 | 31 | 1,730 |

| Households without Dependent Children | | | | |
|---|---|---|---|---|
| | **Sheltered** | | **Unsheltered** | **Total** |
| | **Emergency** | **Transitional** | | |
| **Number of Households** | 907 | 371 | 225 | 1,503 |
| **Number of Persons (adults and unaccompanied youth)** | 955 | 371 | 225 | 1,551 |

| All Households/ All Persons | | | | |
|---|---|---|---|---|
| | **Sheltered** | | **Unsheltered** | **Total** |
| | **Emergency** | **Transitional** | | |
| **Total Households** | 1,174 | 590 | 234 | 1,998 |
| **Total Persons** | 1,920 | 1,105 | 256 | 3,281 |

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|---|---|---|

# 2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

### Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

|  | Sheltered | Unsheltered | Total |
|---|---|---|---|
| * Chronically Homeless (Federal definition) | 670 | 105 | 775 |
| * Severely Mentally Ill | 813 | 127 | 940 |
| * Chronic Substance Abuse | 459 | 74 | 533 |
| * Veterans | 247 | 20 | 267 |
| * Persons with HIV/AIDS | 64 | 6 | 70 |
| * Victims of Domestic Violence | 192 | 20 | 212 |
| * Unaccompanied Youth (under 18) | 43 | 34 | 77 |

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# 2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

**Instructions:**

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow.  Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
-  quarterly (once each quarter).
 CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

**How frequently does the CoC conduct a point-in-time count?**  Annually

**Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)**  01/27/2010

**Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.**

**Emergency shelter providers:**  100%

**Transitional housing providers:**  100%

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# 2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

**Instructions:**

CoCs may use one or more methods to count sheltered homeless persons.  Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
 - Survey Providers¿Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS¿The CoC used HMIS to complete the point-in-time sheltered count.
-  Extrapolation¿The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

**Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:**
**(Select all that apply):**

| | |
|---|---|
| **Survey Providers:** | X |
| **HMIS:** | |
| **Extrapolation:** | |
| **Other:** | |

**If Other, specify:**

**Describe how the data on the sheltered homeless population, as reported on 2I,  was collected and the sheltered count produced (limit 1500 characters):**

The state Dept. of Human Services, Office of Economic Opportunity does a twice a year survey of shelter and transitional housing providers to determine number of people and types of households being served on a specific night. The survey is done to coincide with HUD sheltered/unsheltered point in time count. The last PIT count was done January 28, 2009. Providers estimate sub-populations and email results to OEO staff. Follow up is done for providers that didn't respond and for any questionable data.

**Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):**

The number of sheltered households with dependent children declined slightly while the number of persons in these households increased by apprx 1% between 2008 & 2009. The number of households without dependent children increased by less than 3% but the number of persons in these households increased by 15% between 2008 & 2009. The increase the number of persons can be attributed largely to the economic downturn, high unemployment in certain job sectors, and impact of mortgage foreclosure on low income renters.

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|---|---|---|

# 2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

**Instructions:**

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.
-  HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC.  Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD¿s Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information.  The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons.  CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

 Additional instructions on this section can be found in the detailed instructions, located on the left hand menu.  Also, for more information about any of the techniques listed above, see: ¿A Guide for Counting Sheltered Homeless People¿ at http://www.hudhre.info/documents/counting_sheltered.pdf.

**Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons**
**(select all that apply):**

| | |
|---:|:---:|
| **HMIS** | |
| **HMIS plus extrapolation:** | |
| **Sample of PIT interviews plus extrapolation:** | |
| **Sample strategy:** | |
| **Provider expertise:** | X |
| **Non-HMIS client level information:** | X |
| **None:** | |
| **Other:** | |

**If Other, specify:**

**Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):**

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The State Dept of Human Services, Office of Economic Opportunity conducts the PIT count for the COC. Programs participating in the count use individual client records to provide subpopulation data for each adult and unaccompanied youth. Survey data is then compared to subpopulation data derived from the comprehensive statewide homeless survey which is done every three years by Wilder Research. The most recent statewide survey was done in 2006. The next statewide count will be done in October 2009.

**Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):**

There was essentially no change in the number of sheltered adults between 2008 and 2009. The primary reason is that there was no change to the capacity of emergency shelter and transitional housing programs.

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# 2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

**Instructions:**

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data.  These include, but are not limited to:
-  Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count.  The non-HMIS de-duplication techniques must be explained in the box below.

 CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

**Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:**
**(select all that apply)**

| | |
|---:|:---:|
| **Instructions:** | X |
| **Training:** | X |
| **Remind/Follow-up** | X |
| **HMIS:** | |
| **Non-HMIS de-duplication techniques:** | |
| **None:** | |
| **Other:** | |

**If Other, specify:**

**Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):**

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# 2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

**Instructions:**

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:
- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see ¿A Guide to Counting Unsheltered Homeless People¿ at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

**Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)**

| | |
|---|---|
| **Public places count:** | X |
| **Public places count with interviews:** | X |
| **Service-based count:** | X |
| **HMIS:** | |
| **Other:** | |

**If Other, specify:**

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# 2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

**Instructions:**

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

 ¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.
 ¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.
 ¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

**Indicate the level of coverage of unsheltered homeless persons in the point-in-time count:**   Known Locations

**If Other, specify:**

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# 2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

**Instructions:**

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:
- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

 All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

 For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ at: www.hudhre.info/documents/counting_unsheltered.pdf.

**Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count.**
**(select all that apply)**

| | |
|---:|:---:|
| **Training:** | X |
| **HMIS:** | |
| **De-duplication techniques:** | |
| **Other:** | |

**If Other, specify:**

**Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):**

The unsheltered count was conducted by trained volunteers working in pre-established teams. To reduce duplication, the count was completed in a single 24 hr period and the first name and initital of last name were used.

**Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children.  Discussion should include the CoCs outreach plan (limit 1500 characters):**

By state law all unsheltered homeless families with children must be provided emergency shelter. The Family Homeless Prevention & Assistance Program (FHPAP) and Rapid-Exit from Shelter programs in Hennepin County has well documented outcomes of successfully re-housing families. Annually, over 95% of families served by the Rapid-Exit program do not return to county paid shelter within 12 months.

Many of the service providers identified in Exb 1, part provide information on homelessness prevention services, and when these are not appropriate, information is provided on accessing emergency shelter.

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**Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):**

Hennepin County uses a street outreach team combined with the Housing First Model.
Over the past 18 months over 65 chronically homeless adults with an average of 11 years on the street have been housed. And over 70% remain housed 6-12 months after being housed.

**Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):**

The number of unsheltered persons in households without dependent children and unaccompanied youth declined from 556 in 2007 to 256 in 2009. At this time it's not clear what factors may have contributed to this significant change. However, one possible factor is that the outdoor temperature was below zero degrees on  the day of the PIT count so a larger number of people may have stayed doubled-up or in shelter. Another factor could be that our homeless prevention strategies, street outreach and Housing First programs are proving effective in reducing the unsheltered homeless population. To determine if the decline is a trend or a 1-year anommaly the 2009 PIT count will be compared with data from the October 2009 statwide count and the COC count to be done the last week of January 2010.

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# 3A. Continuum of Care (CoC) Strategic Planning Objectives

### Objective 1: Create new permanent housing beds for chronically homeless individuals.

### Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

### In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

Following the housing opportunity goals in the Heading Home Hennepin 10-year Plan to End Homeless; apply for federal (HUD), state & local funding to develop 20 new site-based and 30 new scattered-site tenant-based permanent supportive housing beds
for chronically homeless individuals.

### Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

Following the housing opportunity goals established in the Heading Home Hennepin 10-year Plan to End Homeless in 2006; apply for federal (HUD), state & local funding to develop approx. 400 new site-based and 600 new scattered-site tenant-based permanent supportive housing beds for chronically homeless individuals. Approx. 200 units have been created to date, leaving a goal of approx. 800 in the next 10-years.

| | |
|---|---|
| **How many permanent housing beds do you currently have in place for chronically homeless persons?** | 560 |
| **How many permanent housing beds do you plan to create in the next 12-months?** | 50 |
| **How many permanent housing beds do you plan to create in the next 5-years?** | 300 |
| **How many permanent housing beds do you plan to create in the next 10-years?** | 800 |

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# 3A. Continuum of Care (CoC) Strategic Planning Objectives

### Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

### Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs.  Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing  for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or  maintained (limit 1000 characters)?**

The percentage of homeless persons remaining in permanent housing has exceeded this goal since it was first established. This has been possible because programs stress the following: (1) assess barriers to stable housing for each client entering a permanent housing program and offer support services designed to help them maintain their housing stability. (2) connect chronically homeless and other homeless persons to appropriate services to address unmet issues of mental health, chemical health and other disabling conditions, (3) seek additional service funding for chronically homeless persons through state, local and other funding opportunities, and (4) use enhanced program evaluation methods to encourage and incentivize improved outcomes for all persons in permanent supportive housing.
To maintain or exceed current outcomes, the COC will continue to prioritize and support the steps described above over the next 12 months and look for new opportunities to further improve outcomes.

**Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent?  CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

The percentage of homeless persons in the COC remaining in permanent housing has exceeded this goal since it was first established. The level of accomplishment by individual programs and across all programs has been possible because permanent housing programs stress the actions described in the previous section. The COC will continue to emphasize programming around housing stability and at the same time seek new methods and opportunities to maintain or exceed its current outcomes.

**What percentage of homeless persons in permanent housing have remained for at least six months?**   80

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**In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?** 82

**In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 85

**In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 85

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# 3A. Continuum of Care (CoC) Strategic Planning Objectives

> **Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.**

**Instructions:**

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent?  If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?**

The COC has exceeded this goal since it was first established. To maintain or exceed current outcomes the COC and tranistional housing programs will: (1) assist clients in fully utilizing opportunities for financial assistance, education, job training, employment services, health and other services in order to increase their skills and income in order to support greater self determination. (2) assist clients to access safe, affordable permanent housing in a community of their choice and offer follow-up services as needed. (2) facilitate funding applications by eligible organizations for capital and rental subsidies to expand the supply of affordable supportive and permanent housing units. (3) encourage improved housing outcomes through enhanced program evaluation and other methods.

**Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

The Heading Home Hennepin Housing and Evaluation Committees will continue to stress the actions identified in the previous section, use program evaluation to highlight best practices, continue to work directly with programs as needed to improve outcomes, use housing search services through HousingLink (metrowide clearinghouse for affordable and special needs housing) and Hennepin County's "Project Connect" database.

**What percentage of homeless persons in transitional  housing have moved to permanent housing?**  67

**In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?**  75

**In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?**  80

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**In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?**   85

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# 3A. Continuum of Care (CoC) Strategic Planning Objectives

### Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

### Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?**

To maintain or exceed employment outcomes in the face of the national recession and high unemployment will be very challenging. To this end, the COC will (1) faciliate opportunities for greater collaboration and partnerships between TH and PH providers, and Work Force Development Centers and private-sector businessess to improve training and employment opportunities. (2)help ensure that transitional and permanent housing providers fully utilize employment services available through programs such as; WIA, state dept. of Employment & Economic Devel., Hennepin County training & employment programs, the Employment Action Center, U.S. Dept of Labor, and connections with private businesses. (3) encourage improved employment outcomes in transitional and permanent housing programs through enhanced program evaulation and support.

**Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

Considering the current economic and employment environment, significantly different efforts and/or new strategies will be required maintain or exceed current employment levels in the future. Heading Home Hennepin and a collaboration of homeless and low-income housing and service providers are currently working on new and enhanced strategies to increase employment and earned income opportunities.

**What percentage of persons are employed at program exit?**  28

**In 12-months, what percentage of persons will be employed at program exit?**  30

**In 5-years, what percentage of persons will be employed at program exit?**  34

**In 10-years, what percentage of persons will be employed at program exit?**  38

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# 3A. Continuum of Care (CoC) Strategic Planning Objectives

**Objective 5: Decrease the number of homeless households with children.**

**Instructions:**

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?**

In the wake of the mortgage foreclosure crisis and national recession the number of homeless households with children has been increasing over the past 12-18 months. Until this situation improves we're not likely to see a real decrease in the number of homeless families. In the next 12-months the number of homeless families is expected to remain essentially the same or possibly increase. To keep the number from going even higher homeless prevention and rapid re-housing efforts have increased along with other programs and strategies.
To help this effort and improve efficiencies in housing & service delivery the COC will use approx. $6.3 million of ARRA funding allocated to Hennepin County and Minneapolis through the Homeless Prevention and Rapid Re-Housing Program (HPRP).

**Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?**

Over the next 5-10 years Heading Home Hennepin will continue to encourage applications for federal, state, local and private funds to create new housing opportunities for homeless and very low-income (

**What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?** 495

**In 12-months, what will be the total number of homeless households with children?** 445

**In 5-years, what will be the total number of homeless households with children?** 300

**In 10-years, what will be the total number of homeless households with children?** 50

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# 3B. Continuum of Care (CoC) Discharge Planning

### Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness.  To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs.          In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs).   Response should address the following:

¿ What?  Describe the policies that have been developed or are in the process of being developed.
¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.


**For each of the systems of care identified below, describe  any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).**

### Foster Care:

Hennepin County Human Services & Public Health Dept (HSPHD)approved a "Transition Policy and Protocol for Youth Ages 16 and Over in Foster Care." The policy applies to all children in placement where HSPHD is legally responsible for the care and placement of the child. The policy is effective Sept. 19, 2008. The Hennepin County Continuum of Care and all its providers and partners are not permitted to use HUD McKinney-Vento funds to assist such persons in lieu of State and County resources.

### Health Care:

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The Adult Discharge Planning Committee of the Heading Home Hennepin Plan to End Homelessness is in the process of developing a formal protocol for homeless patients discharged from the Hennepin County Medical Center. Among other things, the protocol will help ensure that patients are not routinely discharged into homelessness, and that patients needng minimal medical care are discharged to available medical respite beds.

To facilitate development and implementation of all discharge policies and protocols, an Adult Discharge Planning position was created in the Hennepin County Office to End Homelessness. The new staff person started work in June 2009.

The Adult Discharge Committee includes representatives from the Hennepin County Medical Center, Hennepin County Corrections, select private hospitals, Hennepin County Health Care for the Homeless and others to develop a coordinated, formal protocol from various,existing discharge policies. The protocol will outline non-McKinney-Vento housing and support services available as alenatives to homelessness.

## Mental Health:

The Adult Discharge Planning Committee of the Heading Home Hennepin Plan to End Homelessness is in the process of developing a formal protocol for homeless patients discharged from the Hennepin County Medical Center and publically supported residential treatment facilities. Among other things, the protocol will help ensure that patients are not routinely discharged into homelessness. To facilitate development and implementation of all discharge policies and protocols, an Adult Discharge Planning position was created in the Hennepin County Office to End Homelessness. The new staff person started work in June 2009.

The Adult Discharge Committee includes representatives from the Hennepin County Medical Center, select private hospitals, Hennepin County Health Care for the Homeless and others to develop a coordinated, formal protocol from various,existing discharge policies. The protocol will outline non-McKinney-Vento housing and support services available as alenatives to homelessness.

## Corrections:

The Adult Discharge Planning Committee of the Heading Home Hennepin Plan to End Homelessness is responsible for the development and implementation of all discharge policies and protocols. To assist this effort, an Adult Discharge Planning position was created in the Hennepin County Office to End Homelessness. The new staff person started work in June 2009.

The Adult Discharge Committee includes representatives from Hennepin County Corrections, Hennepin County Medical Center, select private hospitals, Hennepin County Health Care for the Homeless and others to develop a coordinated, formal protocol from various,existing discharge policies that will help ensure adequate planning and resources are available to keep health care patients from being discharged into homelessness. The protocol will outline non-McKinney-Vento housing and support services available as alenatives to homelessness.

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# 3C. Continuum of Care (CoC) Coordination

**Instructions:**

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs.  One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps.  Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

 New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2).  Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

**Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?**

Yes

**If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:**

The Minneapolis Consolidated Plan includes 5-year (2005-09) and 1-year (2008)goals for the development and preservation/rehabilitation of shelter and supportive housing for persons experiencing homelessness. Annual goals are to assist funding for 171 new shelter/suppportive housing units and the preservation/rehabilitation of 262 shelter/supportive housing units.

**Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):**

Collaboration between the Continuum of Care and the HPRP initiative started with the March 25, 2009 joint Minneapolis and Hennepin County community providers meeting. Collaboration continued through HPRP planning, project solicitation and selection, and start-up, and is currently continuing in program implementation and reporting. The Continuum of Care is represented through the county's Heading Home Hennepin Ten-year Plan to End Homelessness. The Heading Home Hennepin implementation structure includes a prevention and rapid re-housing committee. The role of this committee and others focused on specific populations and needs of the homeless emphasize client access to mainstream resources and track their outcomes.

**Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?**

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The Continuum of Care, through the county's Housing Dept and Office to End Homeless; participated in NSP planning, project solicitation and selection and start-up. COC goals for transitional and permanent housing were considered in this process. This process resulted in funding two non-profit organizations for acquistion/rehab of multi-unit properties with 55 units for households at or below 50%AMI including units designated for homeless single adults and families.

To date, the Minneapolis Public Housing Authority (MPHA) has received 105 VASH vouchers. The COC, through the Office to End Homelessness, is working with program administrators in the Veteran's Administration and MPHA to facilitate the effective and efficient use of this important resource. At the end of Sept. 2009 75 vouchers had been reserved or placed into service.

Lutheran Social Services, a HUD McKinney-Vento grantee(Journey Homes), received a $399,000 2-year ARRA grant from the Justice Dept. to increase capacity in their housing programs in the area education support advocacy.

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# 4A. Continuum of Care (CoC) 2008 Achievements

## Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

| Objective | Proposed 12-Month Achievement (number of beds or percentage) | | Actual 12-Month Achievement (number of beds or percentage) | |
|---|---|---|---|---|
| **Create new permanent housing beds for the chronically homeless.** | 100 | Beds | 82 | B e d s |
| **Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.** | 82 | % | 80 | % |
| **Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.** | 75 | % | 67 | % |
| **Increase percentage of homeless persons employed at exit to at least 19%** | 30 | % | 28 | % |
| **Decrease the number of homeless households with children.** | 228 | Households | 35 | H o u s e h o l d s |

**Did CoC submit an Exhibit 1 application in 2008?**   Yes

**For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:**

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The ambitious goals proposed by the COC for the five HUD national objectives were not met during this period. Even though the local goals were not met, actual achievement was well above the previously established national goals. The fact these goals were not met should not diminish the otherwise impressive outcomes.

The ability to meet goals for creating new housing units for the chronically homeless and homeless households with children has been severely impacted by restricted access to credit for development loans, significantly reduced value of Low Income Housing Tax Credits, and significant cuts state and local budgets. Improvements in this situation are not expected to occur within the next 12-24 months.

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# 4B. Continuum of Care (CoC) Chronic Homeless Progress

### Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year¿s Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

**Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.**

| Year | Number of CH Persons | Number of PH beds for the CH |
|------|----------------------|------------------------------|
| 2007 | 763 | 420 |
| 2008 | 905 | 478 |
| 2009 | 775 | 560 |

**Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.**   82

**Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.**

| Cost Type | HUD McKinney-Vento | Other Federal | State | Local | Private |
|-----------|--------------------|---------------|-------|-------|---------|
| Development | $227,595 | | $644,450 | $760,000 | $171,500 |
| Operations | $166,579 | | $264,000 | | |
| Total | $394,174 | $0 | $908,450 | $760,000 | $171,500 |

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**If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):**

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# 4C. Continuum of Care (CoC) Housing Performance

**Instructions:**

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

**Does CoC have permanent housing projects for which an APR should have been submitted?**     Yes

| Participants in Permanent Housing (PH) | |
|---|---|
| a. Number of participants who exited permanent housing project(s) | 299 |
| b. Number of participants who did not leave the project(s) | 1018 |
| c. Number of participants who exited after staying 6 months or longer | 276 |
| d. Number of participants who did not exit after staying 6 months or longer | 821 |
| e. Number of participants who did not exit and were enrolled for less than 6 months | 179 |
| **TOTAL PH (%)** | 83 |

**Instructions:**

HUD will be assessing the percentage of all transitonal housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

**Does CoC have any transitional housing programs for which an APR should have been submitted?**     Yes

| Participants in Transitional Housing (TH) | |
|---|---|
| a. Number of participants who exited TH project(s), including unknown destination | 112 |
| b. Number of participants who moved to PH | 75 |
| **TOTAL TH (%)** | 67 |

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|---|---|---|

# 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

### Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment.  This includes all S+C renewals and all SHP renewals, excluding HMIS projects.  Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

### Total Number of Exiting Adults:  1,223

| Mainstream Program | Number of Exiting Adults | Exit Percentage (Auto-calculated) | |
|---|---|---|---|
| SSI | 213 | 17 | % |
| SSDI | 53 | 4 | % |
| Social Security | 6 | 0 | % |
| General Public Assistance | 93 | 8 | % |
| TANF | 612 | 50 | % |
| SCHIP | 0 | 0 | % |
| Veterans Benefits | 4 | 0 | % |
| Employment Income | 346 | 28 | % |
| Unemployment Benefits | 17 | 1 | % |
| Veterans Health Care | 2 | 0 | % |
| Medicaid | 649 | 53 | % |
| Food Stamps | 814 | 67 | % |
| Other (Please specify below) | 285 | 23 | % |
| MSA, Workers Comp, rent asst., child support | | | |
| No Financial Resources | 65 | 5 | % |

**The percentage values will be calculated by the system when you click the "save" button.**

**Does CoC have projects for which an APR should have been submitted?**   Yes

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|---|---|---|

# 4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

**Instructions:**

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: http://www.energystar.gov

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

**Has the CoC notified its members of the Energy Star Initiative?**  Yes

**Are any projects within the CoC requesting funds for housing rehabilitation or new construction?**  No

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# 4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

**It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.**

**Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?**  Yes

**If 'Yes', describe the process and the frequency that it occurs.**

APR's are reviewed annually. An evaluation matrix provides information from the most recent APR for each renewal grantee, as well as from two previous APRs to identify trends. Among other things, the matrix includes information on the  use of mainstream programs by participants that left the program. Special emphasis is placed on employment income. For programs serving the most disabled populations, emphasis is placed on use of mainstream resources most appropriate to the population served. Grantee outcomes against national and local goals are primary decision factors used in ranking. Site visits are held with grantees that fall below a national goal. Grantees that do not meet a national goal for two or more consective years are referred to a team of professionals in the area(s) of concern to help improve client outcomes. Typically, programs that are not able to meet one or more national goals are programs serving the chronically homeless and most disabled populations.

**Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?**  Yes

**If "Yes", indicate all meeting dates in the past 12 months.**

10/17/2008
11/13/2008
12/3/2008
1/27/2009
2/17/2009
3/3/2009
3/19/2009
7/14/2009

**Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?**  Yes

**Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?**  Yes

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**If yes, identify these staff members**  Provider Staff

**Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.**  Yes

**If "Yes", specify the frequency of the training.**  Monthly or more

**Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?**  Yes

**If "Yes", indicate for which mainstream programs HMIS completes screening.**

SSI, SSDI, TANF, Food Stamps, Veterans benefits, Medicade, unemployment.

**Has the CoC participated in SOAR training?**  Yes

**If "Yes", indicate training date(s).**

11/18/2008 and 6/8/2009

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# 4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

### Indicate the percentage of homeless assistance providers that are implementing the following activities:

| Activity | Percentage |
|---|---|
| **1. Case managers systematically assist clients in completing applications for mainstream benefits.**<br>**1a. Describe how service is generally provided:** | 100% |
| Current eligibility or potential eligibility for mainstream benefits is identified during the client in-take process. Case management staff explain the various programs as applicable to the household type, and assist clients in completing application forms, if needed. Language assistance is provided for non-English speakers and general assistance in cases of illiteracy. Case managers obtain releases of information from clients to enable direct communication with mainstream program eligibility workers, and serve as an advocate for the client as needed. Training is available to clients to help them advocate effectively for themselves. | |

| Activity | Percentage |
|---|---|
| **2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.** | 100% |

| Activity | Percentage |
|---|---|
| **3. Homeless assistance providers use a single application form for four or more mainstream programs:**<br>**3.a Indicate for which mainstream programs the form applies:** | 100% |
| Medical Assistance, General Assistance, TANF, Minnesota Supplement AID (MSA), Food Support, Minnesota Care (health care), General Assistance Medical Care and Emergency Assistance. | |

| Activity | Percentage |
|---|---|
| **4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.** | 100% |
| **4a. Describe the follow-up process:** | |
| Asking clients to sign releases of information enables provider staff to facilitate communication with mainstream benefit providers. | |

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# Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

**Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction).**

**Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.**

**Indicate the section applicable to the CoC Lead Agency:**    Part A

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# Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

## Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

| | |
|---|---|
| **\*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?**<br><br>**A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.** | Yes |
| | |
| **2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?** | Yes |
| | |
| **3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a)sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?**<br><br>**(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.** | Yes |
| | |
| **4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?** | Yes |
| | |
| **\*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?**<br><br>**If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.** | Yes |
| | |
| **6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?** | Yes |

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|---|---|---|

# Part A - Page 2

| | |
|---|---|
| **\*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?** | Yes |
| | |
| **\*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?**<br><br>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.) | Yes |
| | |
| **\*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.**<br><br>**In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?** | Yes |
| **Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.** | |
| | |
| **\*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?** | Yes |
| | |
| **\*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?** | Yes |
| | |
| **\*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)** | Yes |
| Policy changes in the city's comprehensive plan, density bonus for inclusion of affordable housing, improved variance provisions for siting housing on substandard lots, and consolidating housing policies into a single policy document adding detail to the city's comprehensive plan. | |
| | |
| **\*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?** | No |
| | |

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# Part A - Page 3

| | |
|---|---|
| **\*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?**<br><br>**(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)** | Yes |
| | |
| **\*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?**<br><br>**Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?** | No |
| | |
| **\*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?** | No |
| | |
| **\*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?** | Yes |
| | |
| **\*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?** | No |
| | |
| **\*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?** | No |
| | |
| **\*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?** | No |

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|---|---|---|

# Continuum of Care (CoC) Project Listing

**Instructions:**

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

### EX1_Project_List_Status_field   List Updated Successfully

| Project Name | Date Submitted | Grant Term | Applicant Name | Budget Amount | Proj Type | Prog Type | Comp Type | Rank |
|---|---|---|---|---|---|---|---|---|
| Mel's Place Suppo... | 2009-10-16 14:02:... | 1 Year | Simpson Housing S... | 33,510 | Renewal Project | SHP | PH | F |
| Hennepin County P... | 2009-10-20 17:03:... | 1 Year | Hennepin County | 347,548 | Renewal Project | SHP | PH | F |
| Journey Homes | 2009-11-10 16:24:... | 1 Year | Lutheran Social S... | 166,023 | Renewal Project | SHP | PH | F |
| Anishinabe Wakiagun | 2009-11-10 10:45:... | 1 Year | American Indian C... | 81,111 | Renewal Project | SHP | PH | F |
| Youth Housing Pro... | 2009-10-16 13:08:... | 1 Year | Aeon | 236,803 | Renewal Project | SHP | TH | F |
| Spectrum Homeless... | 2009-11-23 11:45:... | 1 Year | RESOURCE,Inc | 583,903 | Renewal Project | SHP | PH | F |
| The Self-Sufficie... | 2009-10-16 12:34:... | 1 Year | Our Saviour's Out... | 69,905 | Renewal Project | SHP | TH | F |
| HMIS Hennepin | 2009-11-09 17:24:... | 1 Year | Amherst H. Wilder... | 49,994 | Renewal Project | SHP | HMIS | F |
| Portland Village | 2009-11-10 09:10:... | 1 Year | RS Eden | 149,100 | Renewal Project | SHP | PH | F |
| Tubman Transition... | 2009-10-29 17:10:... | 1 Year | Tubman | 97,085 | Renewal Project | SHP | TH | F |
| Project SOLO Tran... | 2009-10-16 15:58:... | 1 Year | Freeport West, Inc. | 412,619 | Renewal Project | SHP | TH | F |
| Hennepin Consolid... | 2009-11-10 15:18:... | 1 Year | Metropolitan Coun... | 1,419,960 | Renewal Project | S+C | TRA | U |

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| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| CIP S + C Scatter... | 2009-11-13 15:12:... | 1 Year | Housing Authority... | 60,456 | Renewal Project | S+C | SRA | U |
| Alliance Apartments | 2009-11-10 15:57:... | 1 Year | Aeon | 77,005 | Renewal Project | SHP | PH | F |
| Lydia House | 2009-11-13 15:50:... | 1 Year | Plymouth Church N... | 267,946 | Renewal Project | SHP | PH | F |
| HOPE Harbor | 2009-11-13 10:09:... | 1 Year | The Salvation Army | 246,784 | Renewal Project | SHP | PH | F |
| Metro/Hennepin EL... | 2009-11-23 15:12:... | 5 Years | Hennepin County | 830,100 | New Project | S+C | TRA | P1 |
| Central Avenue Ap... | 2009-11-20 12:46:... | 1 Year | Alliance Housing ... | 206,557 | Renewal Project | SHP | PH | F |
| Perspectives' Tra... | 2009-11-13 15:06:... | 1 Year | Perspectives, Inc. | 171,173 | Renewal Project | SHP | TH | F |
| Stevens Supportiv... | 2009-11-17 11:28:... | 1 Year | Mental Health Res... | 359,042 | Renewal Project | SHP | PH | F |
| Collaborative Vil... | 2009-11-18 17:27:... | 1 Year | Emerge Community ... | 128,625 | Renewal Project | SHP | PH | F |
| ZOOM House | 2009-11-10 14:03:... | 1 Year | Zion Originated O... | 75,185 | Renewal Project | SHP | TH | F |
| Father's And Chil... | 2009-10-16 16:49:... | 1 Year | Emerge Community ... | 573,312 | Renewal Project | SHP | TH | F |
| Perspectives S + ... | 2009-11-13 16:31:... | 1 Year | Housing Authority... | 113,388 | Renewal Project | S+C | SRA | U |
| Third Avenue Town... | 2009-10-16 15:29:... | 1 Year | Simpson Housing S... | 40,765 | Renewal Project | SHP | PH | F |
| Perspectives' Per... | 2009-11-13 15:33:... | 1 Year | Perspectives, Inc. | 171,499 | Renewal Project | SHP | PH | F |
| Simpson Family Ho... | 2009-10-16 14:50:... | 1 Year | Simpson Housing S... | 143,091 | Renewal Project | SHP | TH | F |
| Hennepin County H... | 2009-10-16 06:08:... | 1 Year | Hennepin County | 503,868 | Renewal Project | SHP | SSO | F |
| Shared housing Pr... | 2009-11-20 15:48:... | 1 Year | Community Involve... | 25,479 | Renewal Project | SHP | PH | F |

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|---|---|---|

| Cabrini Independe... | 2009-11-20 16:05:... | 1 Year | Cabrini Partnership | 183,077 | Renewal Project | SHP | PH | F |
|---|---|---|---|---|---|---|---|---|
| LivingWorks - Cry... | 2009-11-13 15:34:... | 1 Year | LivingWorks Ventures | 55,999 | Renewal Project | SHP | PH | F |
| Streetworks Colla... | 2009-10-16 16:04:... | 1 Year | Freeport West, Inc. | 242,886 | Renewal Project | SHP | SSO | F |

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|---|---|---|

# Budget Summary

|  |  |
|---:|:---|
| **FPRN** | $5,699,894 |
| **Permanent Housing Bonus** | $830,100 |
| **SPC Renewal** | $1,593,804 |
| **Rejected** | $0 |

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# Attachments

| Document Type | Required? | Document Description | Date Attached |
|---|---|---|---|
| Certification of Consistency with the Consolidated Plan | Yes | HUD-2991 Certif o... | 11/22/2009 |

| Exhibit 1 2009 | Page 71 | 11/24/2009 |

# Attachment Details

**Document Description:** HUD-2991 Certif of Consistency with Consolidated Plan

| Exhibit 1 2009 | Page 72 | 11/24/2009 |